Complete Summary

GUIDELINE TITLE

United Kingdom national guideline on the management of phthirus pubis infestation.

BIBLIOGRAPHIC SOURCE(S)

Clinical Effectiveness Group, British Association for Sexual Health and HIV (BASHH). United Kingdom national guideline on the management of phthirus pubis infestation. London (UK): British Association for Sexual Health and HIV (BASHH); 2008 Feb 15. 5 p. [6 references]

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Association for Genitourinary Medicine (AGUM), Medical Society for the Study of Venereal Disease (MSSVD). 2002 national guideline on the management of balanitis. London: Association for Genitourinary Medicine (AGUM), Medical Society for the Study of Venereal Disease (MSSVD); 2002. Various p.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Phthirus pubis (crab lice) infestation

GUIDELINE CATEGORY

Diagnosis
Evaluation
Management
Treatment

CLINICAL SPECIALTY

Dermatology
Family Practice
Infectious Diseases
Internal Medicine
Obstetrics and Gynecology
Urology

INTENDED USERS

Advanced Practice Nurses
Nurses
Physician Assistants
Physicians
Public Health Departments

GUIDELINE OBJECTIVE(S)

To present a national guideline on the management of *Phthirus pubis* infestation

TARGET POPULATION

Patients in the United Kingdom with *Phthirus pubis* (crab lice) infestation

Note: This guideline is aimed primarily at people aged 16 or older presenting to health care professionals working in departments offering level 3 care in sexually transmitted infection (STI) management in England and Wales, tier 5 in Scotland. However, the recommendations are appropriate in all health care settings.

INTERVENTIONS AND PRACTICES CONSIDERED

Evaluation/Diagnosis

1. Assessment of clinical features
2. Microscopic examination of lice

Management/Treatment

1. General advice and patient education
2. Full screening for other sexually transmitted infections
3. Medication management
    - Malathion 0.5%
    - Permethrin 1% cream rinse
    - Phenothrin 0.2%
    - Carbaryl 0.5 and 1%

- Permethrin 1% lotion or inert ophthalmic ointment for treatment of infestation of eyelashes

4. Removal of dead nits with a comb designed for that purpose
5. Examination and treatment of current sexual partner as well as contact tracing
6. Follow-up

Note: Lindane is no longer available in the United Kingdom.

MAJOR OUTCOMES CONSIDERED

- Response to treatment
- Treatment failure rates

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

A Medline search was undertaken using search terms pediculosis pubis and randomised controlled trial (RCT). The Cochrane database was also searched under pediculosis pubis. One evidence-based review has been published since the previous guideline was written. Only one RCT since 1980 was identified, comparing permethrin with lindane (which is no longer available in the United Kingdom (UK).

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Levels of Evidence

Ia: Evidence obtained from meta-analysis of randomised controlled trials

Ib: Evidence obtained from at least one randomised controlled trial

IIa: Evidence obtained from at least one well designed controlled study without randomisation

IIb: Evidence obtained from at least one other type of well designed quasi-experimental study

III: Evidence obtained from well designed non-experimental descriptive studies such as comparative studies, correlation studies, and case control studies

IV: Evidence obtained from expert committee reports or opinions and/or clinical experience of respected authorities

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Grading of Recommendations

A (Evidence Levels Ia, Ib)

- Requires at least one randomised controlled trial as part of the body of literature of overall good quality and consistency addressing the specific recommendation.

B (Evidence Levels IIa, IIb, III)

- Requires availability of well conducted clinical studies but no randomised clinical trials on the topic of recommendation.

C (Evidence Level IV)

- Requires evidence from expert committee reports or opinions and/or clinical experience of respected authorities. Indicates absence of directly applicable studies of good quality.

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Successive drafts of the guideline have been reviewed by the clinical effectiveness group of the British Association for Sexual Health and HIV (BASHH). The guideline was posted for comment for 3 months on the BASHH website.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Definitions of the levels of evidence **(I-IV)** and grades of recommendation **(A-C)** are repeated at the end of the "Major Recommendations" field.

Diagnosis

- This is based on finding adult lice and/or eggs.
- Examination under light microscopy can confirm the morphology if necessary.

Management

General Advice

- Patients should be advised to avoid close body contact until they and their partner(s) have completed treatment and follow-up.
- Patients should be given a detailed explanation of their condition, and clear and accurate written information on applying the treatment.

Further Investigation

A full screen for other sexually transmitted infections should be undertaken, although few data are available to determine the likelihood of additional diagnoses in a United Kingdom population.

Treatment

A number of treatments are available. The recommendation of some agents is based on successful results when treating head lice; there is no evidence to give an efficacy rate for pubic lice.

Head lice develop resistance to pediculicides, and local rotation of treatments to combat this may restrict availability of treatments for pubic lice. However, since

1996, there have not been any studies in the English language that have documented significant treatment failure in the management of pubic lice.

Lotions are likely to be more effective than shampoos, and should be applied to all body hair including the beard and moustache if necessary.

A second application after 3 to 7 days is advised.

Recommended Regimens

- Malathion 0.5%. Apply to dry hair and wash out after at least 2, and preferably, 12 hours, (i.e., overnight) (**Level of evidence IV**, **Grade of recommendation C**).
- Permethrin 1% cream rinse. Apply to damp hair and wash out after 10 minutes (**Level of Evidence II**, **Grade of recommendation B**).
- Phenothrin 0.2%. Apply to dry hair and wash out after 2 hours (**Level of evidence IV**, **Grade of recommendation C**).
- Carbaryl 0.5 and 1% (unlicensed indication). Apply to dry hair and wash out 12 hours later (**Level of evidence IV**, **Grade of recommendation C**).

Infestation of eyelashes can be treated with permethrin 1% lotion, keeping the eyes closed during the 10-minute application (**Level of evidence IV**, **Grade of recommendation C**).

Alternatively, an inert ophthalmic ointment with a white or yellow paraffin base such as simple eye ointment BP may be applied to the eyelashes twice daily for 8 to 10 days (**Level of evidence IV, Grade of recommendation C**). This works by suffocating lice and avoids any risk of eye irritation by topical insecticide.

Allergy

Treatments to which there is known hypersensitivity should be avoided.

Pregnancy and Breastfeeding

Permethrin is safe during pregnancy and breastfeeding.

Sexual Partners

- Current sexual partners should also be examined and treated.
- Contact tracing of partners from the previous 3 months should be undertaken.

Follow-Up

- Patients should be re-examined for the absence of lice after 1 week.
- Treatment failures should be given an alternative from the above list.
- It should be explained to patients that dead nits may remain adherent to hairs. This does not imply treatment failure, and the nits can be removed with a comb specifically designed for that purpose.

Definitions:

Levels of Evidence

Ia: Evidence obtained from meta-analysis of randomised controlled trials

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Grading of Recommendations

A (Evidence levels Ia, Ib)

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B (Evidence levels IIa, IIb, III)

- Requires availability of well conducted clinical studies but no randomised clinical trials on the topic of recommendation.

C (Evidence level IV)

- Requires evidence from expert committee reports or opinions and/or clinical experience of respected authorities. Indicates absence of directly applicable studies of good quality.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is identified and graded for selected recommendations (see "Major Recommendations").

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate management of *Phthirus pubis* infestation

POTENTIAL HARMS

Head lice develop resistance to pediculicides, and local rotation of treatments to combat this may restrict availability of treatments for pubic lice.

CONTRAINDICATIONS

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Treatments to which there is known hypersensitivity should be avoided.

QUALIFYING STATEMENTS

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- The recommendations in this guideline may not be appropriate for use in all clinical situations. Decisions to follow these recommendations must be based on the professional judgement of the clinician and consideration of individual patient circumstances.
- All possible care has been undertaken to ensure the publication of the correct dosage of medication and route of administration. However, it remains the responsibility of the prescribing physician to ensure the accuracy and appropriateness of the medication they prescribe.
- Only one randomized controlled trial (RCT) since 1980 was identified, comparing permethrin with lindane (which is no longer available in the United Kingdom [UK]).

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

IMPLEMENTATION TOOLS

Audit Criteria/Indicators

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1999 Aug (revised 2008 Feb 15)

GUIDELINE DEVELOPER(S)

British Association for Sexual Health and HIV - Medical Specialty Society

SOURCE(S) OF FUNDING

Not stated

GUIDELINE COMMITTEE

Clinical Effectiveness Group (CEG)

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Conflict of Interest: None

This guideline was commissioned and edited by the Clinical Effective Group (CEG) of the British Association for Sexual Health and HIV (BASHH), without external funding being sought or obtained.

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GUIDELINE AVAILABILITY

Electronic copies: Available from the British Association for Sexual Health and HIV Web site.

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- Specifications for the development of UK guidelines on the management of sexually transmitted infections (STIs) and closely related conditions 2005. London (UK): British Association for Sexual Health and HIV (BASHH); 2005. 14 p. Electronic copies: Available in Portable Document Format (PDF) from the British Association for Sexual Health and HIV Web site.

Additionally, auditable outcome measures can be found in the original guideline document.

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on December 8, 2000. The information was verified by the guideline developer on January 12, 2001. This summary was updated on August 5, 2002. This summary was updated by ECRI Institute on June 24, 2008. The updated information was verified by the guideline developer on June 30, 2008.

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